KANSAS HIV/AIDS AND STD SURVEILLANCE UPDATE

Kansas Department of Health and Environment, Bureau of Epidemiology and Disease Prevention

March, 2000

How does Ryan White Title II Work in Kansas?

(Read Kansas Ryan White Title II CARE Program, Pg.8)

Special Notice Inside Cover

Our Mission:
The Division of HIV/AIDS works to promote public health and enhance the quality of life for Kansas residents by the prevention, intervention, and treatment of HIV and other STDs. The mission will be accomplished through policy and resource development, clinical data collection and analysis, research, education, prevention programs, disease detection, and the provision of treatment services.

SPECIAL NOTICE

HIV PREVENTION COUNSELING ACADEMIC CREDIT OPTION

HIV Prevention Counseling training has recently been approved by Kansas State University for academic credit. EDCEP 786: Prevention Counseling will be offered for 1-3 graduate credit hours. Participants interested in receiving university credit will be required to:

1. Register and pay for the HIV Prevention Counseling Training. Participants may mail, phone or fax the brochure registration form or may register on-lin at www.dce.ksu/dce/conf/HIV-AIDS_2000. Click on HIV/AIDS Counseling and follow the instructions. If additional brochures are needed , please call (785) 532-5566.

2. Enroll in EDCEP 786: HIV Prevention Counseling Training by calling (785) 532-5566 or 1-800-432-8222. A course syllabus with detailed course requirements will be mailed to you.

3. Attend the entire HIV Prevention Counseling Training session of your choice.

4. Complete the course requirements and submit all assignments by the designated deadline.

HIV Counseling Training	Assignment Due
February 16-17 Manhattan	May 31
April 5-6 Colby	May 31
May 10-11 Wichita	August 31
July 26-27 Garden City	August 31
October 25-26 Lawrence	December 15

For more information about this and other HIV training opportunities, please contact Barbara VanCortlandt (BEDP) at (785) 296-6545 or bvancort@kdhe.state.ks.us

HIV/AIDS and STD Semiannual Report is a publication of the Kansas Department of Health and Environment with funding assistance from the Centers for Disease Control and Prevention.

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Kansas AIDS Ribbon was designed by the Kansas Capitol Area Chapter of the American Red Cross to raise hope and awareness in the state of Kansas and support the fight against HIV/AIDS.

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HIV Director	785-296-6036
STD Director	785-296-5598
HIV Main Office	785-296-6173
STD Main Office	785-295-5596
Data Request HIV/AIDS	785-296-5587
Data Request STD	785-296-5596
Ryan White Title II Services	785-296-8701/8891
Prevention	785-296-5223
Counseling/Testing	785-296-5588
Training/Education	785-296-5587
HIV Partner Notification	785-296-5587
STD Partner Notification	785-296-5597

AIDS Reported, Prevalent* and Cumulative** Cases, Kansas

Race/Ethnicity	Reported AIDS Cases July 99 - Dec 99	Reported AIDS Cases Jan 99 - Jun 99	Prevalent AIDS Cases as of Dec 99	Cumulative AIDS Cases as of Dec 99
White	29 (71%)	53 (63%)	591 (71%)	1658 (77%)
African American	11 (24%)	21 (25%)	165 (20%)	356 (16%)
Hispanic	<5 (<5%)	10 (12%)	63 (7%)	120 (6%)
Asian/Pacific Islander	<5 (<5%)	0	<5 (<1%)	9 (<1%)
Native American Alaska Native	0	0	10 (1%)	20 (<1%)
Total	42 (100%)	84 (100%)	833 (100%)	2136 (100%)

Prevalent* and Cumulative** AIDS Cases, United States

Race/Ethnicity	Prevalent Aids Cases as of Dec 98	Cumulative AIDS Cases as of Jun 99
White	116,445 (39%)	311,377 (44%)
African American	118,525 (40%)	262,317 (37%)
Hispanic	58,185 (20%)	129,555 (18%)
Asian/Pacific Islander	2,320 (<1%)	5,133 (<1%)
Native American	971 (<1%)	2,034 (<1%)
Total	297,136 (100%)	711,344 (100%)

HIV Reported Cases, Kansas

Race/Ethnicity	Reported HIV Cases July 99 - Dec 99
White	46 (56%)
African American	21 (25%)
Hispanic	12 (14%)
Asian/Pacific Islander	0
Native American Alaska Native	0
Unknown	<5 (5%)
Total	83 (100%)

AIDS Cases by age group,exposure category, and sex reported through December 1999, Kansas

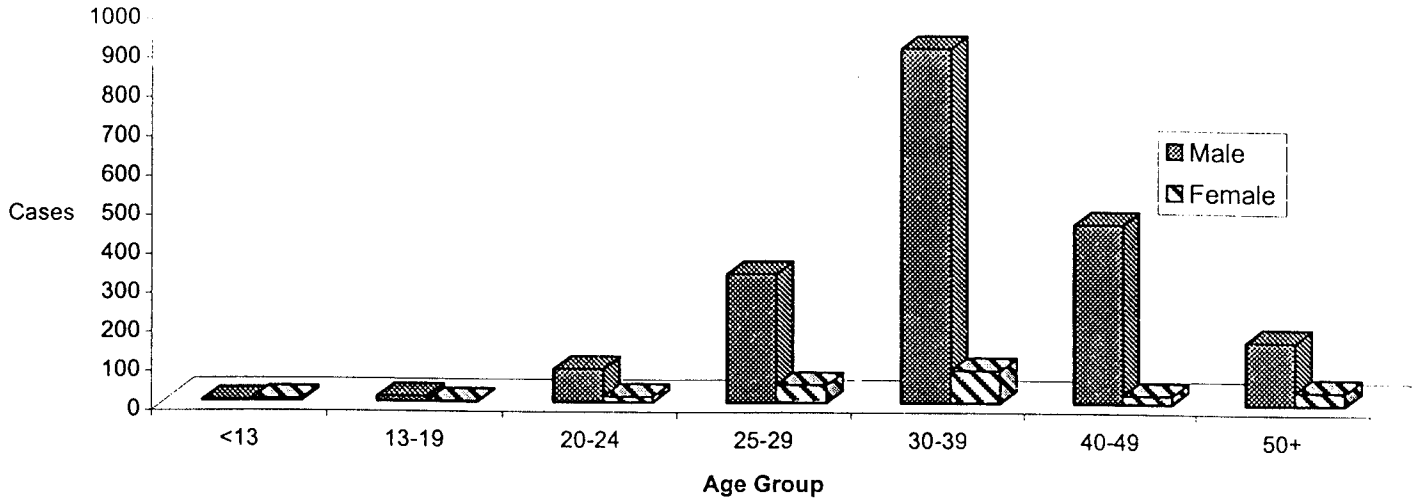
Adult/adolescent exposure category	Male Prevalence No. (%)	Male Cumulative Total No. (%)	Female Prevalence No. (%)	Female Cumulative Total No. (%)	Total Prevalence No. (%)	Total Cumulative Total No. (%)
Men who have sex with men	506 (70)	1420 (73)	-	-	506 (61)	1420 (66)
Injecting Drug Use	56 (8)	137 (7)	25 (23)	53 (27)	81 (10)	190 (9)
Men who have sex with men and inject drugs	81 (11)	197 (10)	-	-	81 (10)	197 (9)
Hemophilia/Coagulation disorder	9 (1)	40 (2)	<5 (<1)	<5 (<1)	10 (1)	41 (2)
Heterosexual contact	29 (4)	58 (3)	74 (70)	115 (59)	103 (12)	173 (8)
Sex with injecting drug user	<5	*9*	*15*	32	*18*	*41*
Sex with other high risk partner	<5	<5	*13*	*27*	*14*	*30*
Sex w/HIV infected person risk not specified	*26*	*46*	*43*	*56*	*69*	*102*
Receipt of blood,blood components, or tissue	6 (1)	28 (1)	<5 (3)	17 (9)	9 (1)	45 (2)
Risk not reported/other	32 (4)	70 (4)	<5 (4)	10 (5)	36 (4)	80 (4)
Adult /adolescent Total	720 (100)	1950 (100)	104 (100)	196 (100)	824 (100)	2146 (100)
Pediatric (<13 years old)					9	17
Total Cases					833	2163

HIV Cases by exposure category, and sex reported, July 1, 1999 - December 31, 1999, Kansas

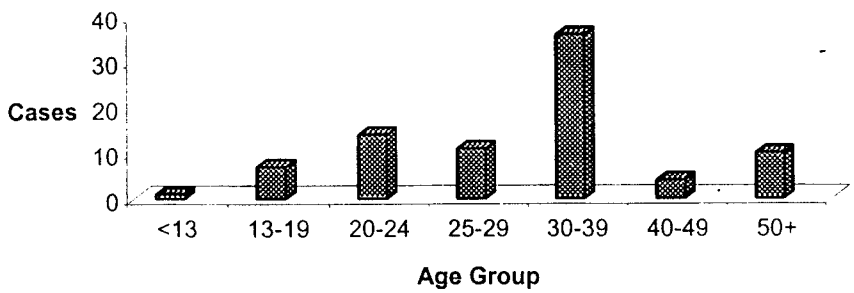
Adult/adolescent exposure category	Male Prevalence No. (%)	Male Cumulative Total No. (%)	Female Prevalence No. (%)	Female Cumulative Total No. (%)	Total Prevalence No. (%)	Total Cumulative Total No. (%)
Men who have sex with men	33 (53)	33 (53)	-	-	33 (40)	33 (40)
Injecting Drug Use	8 (13)	8 (13)	6 (30)	6 (30)	14 (17)	14 (17)
Men who have sex with men and inject drugs	5 (8)	5 (8)	-	-	5 (6)	5 (6)
Hemophilia/Coagulation disorder	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Heterosexual contact	<5 (3)	<5 (3)	10 (50)	10 (50)	12 (15)	12 (15)
Sex with injecting drug user	*0*	*0*	*0*	*0*	*0*	*0*
Sex with other high risk partner	*0*	*0*	<5	<5	<5	<5
Sex w/HIV infected person risk not specified	<5	<5	*9*	*9*	*11*	*11*
Receipt of blood,blood components, or tissue	<5 (3)	<5 (3)	0	.0	<5 (2)	<5 (2)
Risk not reported/other	12 (19)	12 (19)	<5 (20)	<5 (20)	16 (20)	16 (20)
Adult /adolescent Total	62 (100)	62 (100)	20 (100)	20 (100)	82 (100)	82 (100)
Pediatric (<13 years old)					<5	<5
Total Cases					83	83

If cases <5, exact numbers are not given to protect confidentiality

Kansas Cumulative AIDS Cases by Gender and Age Group as of December 31, 1999

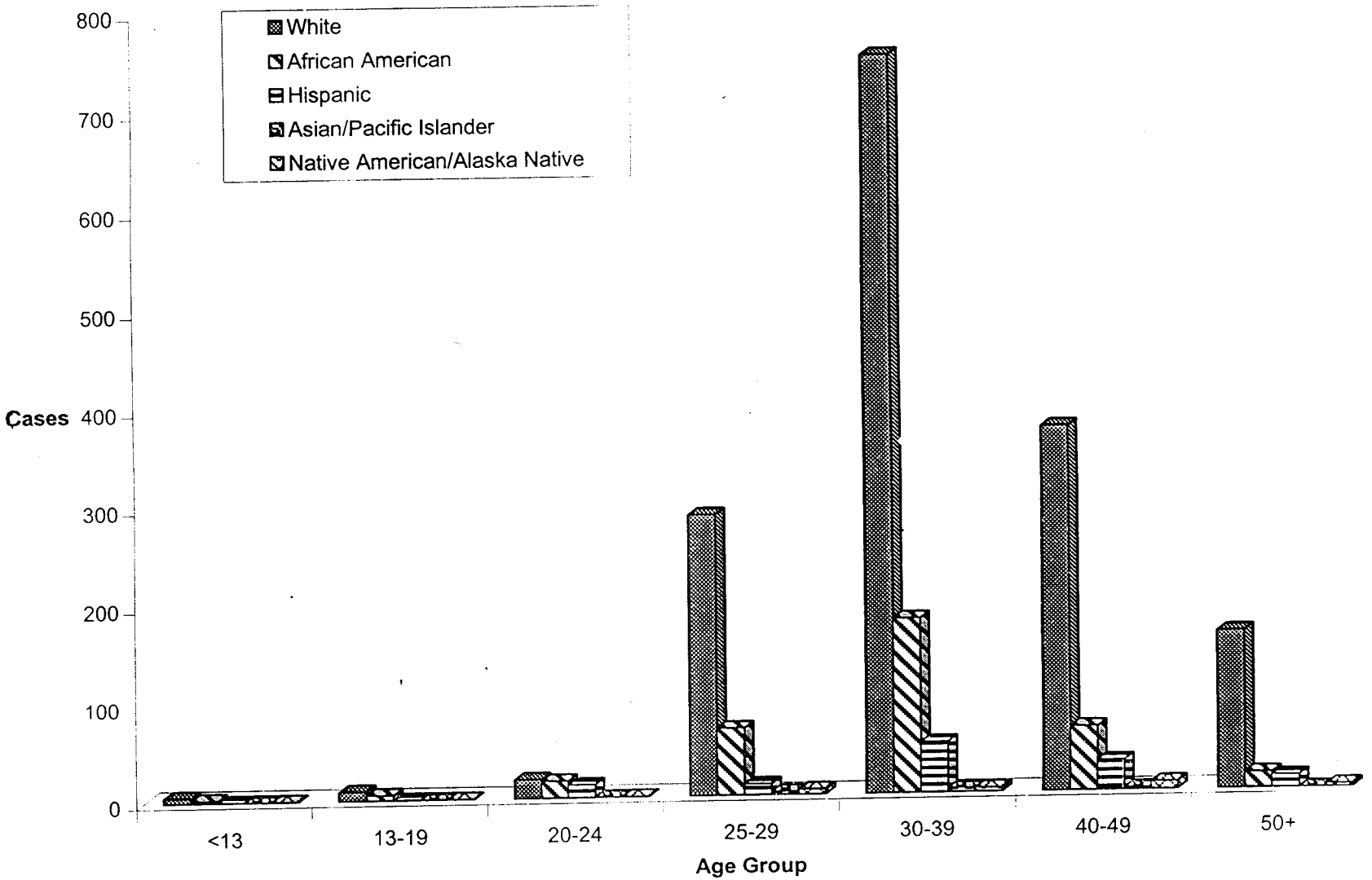


Kansas Reported HIV Cases by Age Group, July 1, 1999 - December 31, 1999*

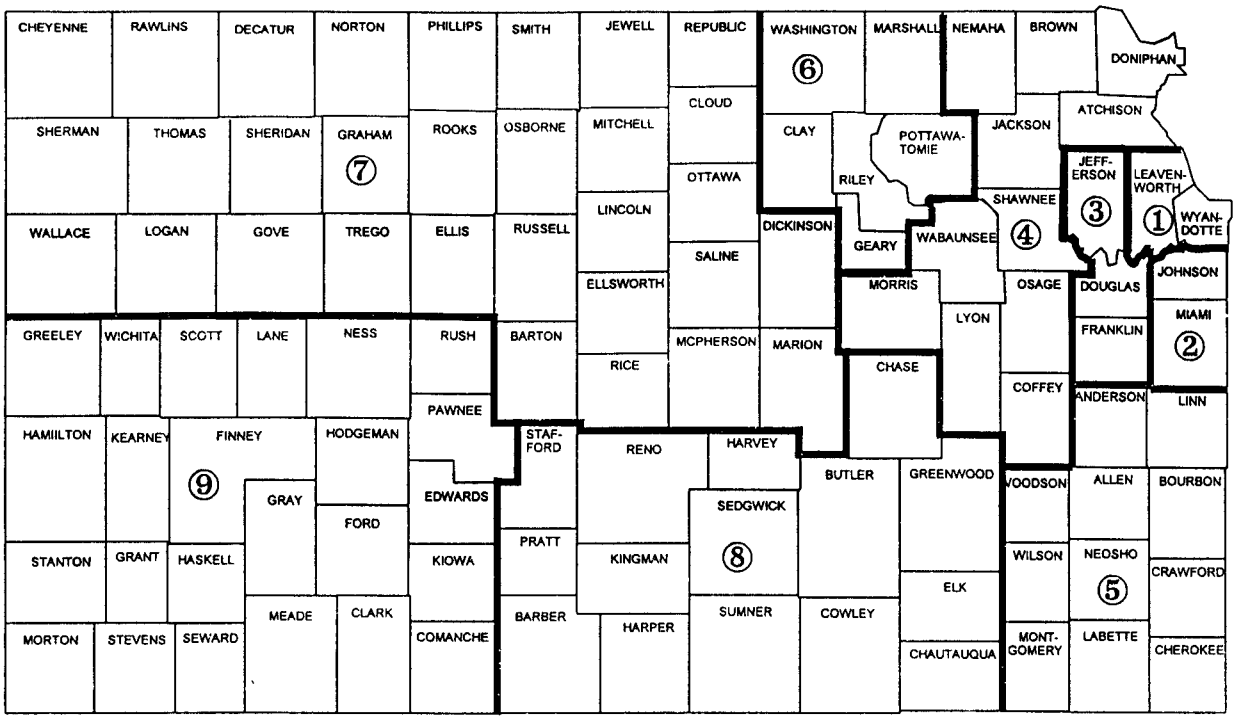


*HIV reporting by name began July 1, 1999. Note the scale difference between HIV and AIDS cases.

Kansas Cumulative AIDS Cases by Race/Ethnicity and Age Group as of December 31, 1999



Kansas Community Planning Regions



Cumulative Kansas AIDS Cases
By Community Planning Region*
Reported 1981 - December 1999

Region	Cases
1	441
2	378
3	95
4	214
5	104
6	70
7	69
8	733
9	59

HIV Prevention Community Planning

In 1994, the Centers for Disease Control and Prevention (CDC) asked state health departments to initiate community planning to create recommendations for federally funded HIV prevention programs. As a result, the Kansas HIV Prevention Community Planning Group (CPG) was formed. Community planning reflects the belief that HIV prevention priorities and needs can best be determined in the community at the local level. The goal of community planning is to slow the spread of HIV and prevent new HIV infections through increased community involvement.

HIV Prevention Community Planning Group

The work of the CPG is often conducted outside of the larger statewide meeting, in small committees and task force groups. Committees are made up of three to four CPG members, and five to 15 community volunteers. Membership is open to anyone. In the year 2000, the CPG task groups will be focusing on four areas of emphasis.

- **Parity, inclusion and representation (PIR).** The goal of the PIR task force is to design activities such as mentoring, orientation, and other methods to assure there is meaningful participation in the planning process from diverse communities across Kansas.
- **School based HIV prevention activities.** The focus of this committee is to gather recommendations from youth for HIV program activities in school settings.
- **Prison based HIV prevention activities.** The goal of the committee is to collect recommendations for HIV prevention activities in correctional settings from the incarcerated and other relevant partners.
- **CARE Consortia and CPG Collaboration.** The focus of this task force is to identify and implement a plan to share information and resources in such a way that would enhance both the CARE and CPG processes.

The CPG needs community members to recommend HIV prevention activities for Kansas that are culturally competent, scientifically sound, and address unique community needs. We need your help. To participate, just show up at a meeting or take part by conference call. Meetings alternate between open meetings and statewide phone conference calls in different cities across Kansas on the first Wednesday of each month. Call the KDHE HIV/AIDS Section at 785-296-6173 for more information.

HUMAN IMMUNODEFICIENCY VIRUS (HIV) PREVENTION PROGRAMS

The Kansas Department of Health and Environment (KDHE), in cooperation with the Federal Centers for Disease Control and Prevention, provides funding for local health departments, community-based, and other community service organizations to conduct HIV prevention outreach to individuals who engage in activities that place them at high risk for HIV transmission and infection. HIV prevention services are designed to assist both uninfected and infected persons. Services are directed towards persons who are at high risk for becoming infected **and** are having or are likely to have difficulty initiating or sustaining safe behavior.

Individuals at highest risk for infection are identified through the Kansas epidemiologic profile and other relevant data. This is done to proactively direct limited resources towards specific populations, rather than direct funds on the basis of guesswork or stereotyping. Members of the populations to be served are involved in identifying and prioritizing needs, and in planning HIV prevention interventions through the community planning process and contractor activities. This involvement ensures that decisions are made, intervention messages are designed and developed, and funds are allocated in an informed and realistic manner.

Preventing the spread of HIV requires implementing comprehensive, scientifically-based HIV prevention interventions. KDHE funded contractors have moved from general 101x lecture presentations, to implementation of prevention activities grounded in behavioral science and theory. The interventions being implemented have been evaluated and shown to be successful with specific populations. The interventions must be also be modified to be culturally and linguistically-appropriate to the local population. Cultural competence begins with understanding and respecting cultural differences and understanding that the clients' cultures affect their beliefs, perceptions, attitudes, and behaviors. Participation of target populations throughout the process of designing and implementing programs also helps to assure that the program will be acceptable to the persons for whom it is intended.

The KDHE HIV/AIDS Section provides contracts throughout Kansas to implement front line HIV prevention and risk reduction interventions to communities most at risk for HIV infection. The largest proportion of funding goes to ten large collaborative projects. These projects consist of a lead agency that partners with other appropriate agencies to reach the populations most in need of HIV prevention services. Additionally, KDHE funds local health departments to provide general outreach to persons at high risk for contracting HIV infection because of their sex or drug related behaviors. All contractors are provided with ongoing technical assistance as needed, to conduct and evaluate the effectiveness of prevention activities. For a list of Kansas HIV Prevention contractors please access the KDHE Web site www.kdhe.state.ks.us/aids or call the KDHE HIV/AIDS Section at 785-296-6173.

Kansas Ryan White Title II CARE Program

- Providing primary care services to those living with HIV and AIDS in the State of Kansas -

In 1990, Congress enacted the Ryan White Comprehensive AIDS Resource Emergency (CARE) Act. The CARE Act is designed to assist communities and states in increasing the availability of primary healthcare and support services and access to care for underserved populations, improving the quality of life of those affected by the epidemic. The Ryan White CARE Act has historically been known as the payor of last resort. The CARE Act directs assistance through Titles:

- Title I - Eligible Metropolitan Areas (EMA's) with the largest numbers of reported cases of AIDS to meet emergency service needs of people living with HIV disease,
  example: Kansas City Metropolitan Area;
- Title II - All states, to improve the quality, availability, and organization of health care and support services for individuals living with HIV disease and their families,
  example: the State of Kansas;
- Title III - Public and nonprofit entities, such as Community and Migrant Health Centers, to support early intervention services for people living with HIV disease,
  example: Primary Care Clinic, Wichita;
- Title IV - Clinical research on therapies for children living with HIV disease and pregnant women with HIV, and health care to children and their families; and
- Part F - AIDS Education and Training Centers (AETC's), Special Projects of National Significance (SPNS), and the Dental Reimbursement Program,
  example: Kansas AIDS Education and Training Center (KAETC), Wichita.

The citizens of Kansas have access to these services depending on the area of the state in which they reside or receive treatment.

The Kansas Department of Health and Environment (KDHE) HIV/AIDS Section administers and monitors the Ryan White Title II CARE Program within the state. These Title II funds may be used to support a wide range of services:

- Home and Community Based Health Care and Support Services;
- Health Insurance Continuation Coverage;
- AIDS Drug Assistance Program (ADAP);
- Local Consortia; and
- Direct Health and Support Services

Effective April 1, 1999, the State of Kansas has directed its federal dollars for persons living with HIV and AIDS in Kansas toward services for medication reimbursement (ADAP), primary care, dental care, mental health and substance abuse treatment, home and community-based services, and health insurance continuation (KHIC).

In order for individuals to utilize services they must enroll with a Ryan White Case Manager through a contracted case management site. The enrollee must also provide a positive HIV-test, have residency in Kansas, fall within income eligibility requirements, and have applied for Medicaid. Kansans also have access to Title I and Title III services dependent upon residency or where primary care services are administered.

The Kansas HIV/AIDS CARE Consortium assists the state in the process so that federal dollars are best dispersed to the community. This advisory group of individuals consists of those who deliver services and individuals affected and infected with HIV/AIDS. The CARE Consortium meets quarterly in accessible regions of the state; the next CARE Consortiums meeting will be March 9, 2000 in Topeka.

For more information regarding the Kansas Ryan White Title II CARE Program, the Kansas HIV/AIDS CARE Consortium, or any other services listed in this article, please contact the program offices at (785) 296-8891 or (316) 687-9273.

Kansas Ryan White Title II CARE Program Statistics:

As of December 31, 1999, the program had enrolled 490 Kansans living with HIV and AIDS, averaging 3-5 new enrollees per month. Listed below are percentages of who the CARE Program has currently served:

Race:	20%	African Amer.	Age:	4%	<25	Services Accessed:	61%	ADAP
	7%	Hispanic		36%	26 - 35		23%	Primary Care
	69%	Caucasian		45%	36 - 45		21%	Dental Care
	1%	Asian-Pacific Islander		15%	>46		1%	Mental Health
	2%	Amer. Indian/Native Amer.	Gender:	80%	Male		2%	Home Health
	1%	Other		20%	Female		6%	Insurance Cont.

BASIC HIV/AIDS TRAINING SET FOR 2000

The Kansas Department of Health and Environment, American Red Cross, Development Systems, Inc., Kansas Department of Education, and Kansas State University, have scheduled basic HIV/AIDS skills-building training throughout Kansas during 2000. Brochures may be obtained by calling KSU at 1-800-432-8222, or at http://www.dce.ksu.edu/dce/conf/HIV-AIDS_2000 or http://www.kdhe.state.ks.us/aids. Registration is required at least two weeks in advance. Continuing education credit is available for nurses ($20) and KADACA ($15). Some scholarships are available, including for HIV-infected persons, by calling KDHE at (785) 296-6545. Please call 785-296-6173 for other course information.

"HIV Prevention Counseling" meets KDHE basic counseling training requirements for HIV Counseling & Testing Sites and Ryan White Title II Case Managers. Other interested persons are encouraged to attend. The registration fee of $20 must be paid at time of registration.

"HIV Prevention Counseling" course content includes current HIV/AIDS issues (transmission and prevention; attitudes and terminology; and counseling concepts and skills) and how counselors can assist clients in improving perception of risk; negotiating realistic plans to reduce risk; making decisions about testing; and accessing needed resources and support.

HIV Prevention Counseling
February 16 & 17 in Manhattan
April 5 & 6 in Colby
May 10 & 11 in Wichita
July 26 & 27 in Garden City
October 25 & 26 in Lawrence

"Basic HIV/AIDS Program: Fundamentals and Prevention Skills" courses meet KDHE basic education training requirements for Health Education/Risk Reduction contractors and Ryan White Title II Case Managers. Other interested persons are invited to attend. Current **"Fundamentals"** certification is the prerequisite for **"Prevention Skills."** The course fees of $25 for **"Fundamentals"** and $20 for **"Prevention Skills"** must be paid at time of registration.

Fundamentals
January 25 - 27 in Topeka
March 14 - 16 in Kansas City
June 20 - 22 in Garden City
August 29 - 31 in Wichita
November 14 - 16 in Pittsburg

"Fundamentals" course content includes current issues (transmission, prevention, and terminology) and how educators can share facts accurately, nonjudgmentally, and sensitively with diverse groups; increase comfort discussing HIV issues; encourage people to apply facts to behavior; assess group needs; plan and facilitate education sessions; and make referrals. Currently certified **"Fundamentals"** instructors may register for **"Prevention Skills"** training.

"Prevention Skills" course content assists participants in facilitating skill-building activities related to HIV prevention behavior in a factually accurate, nonjudgmental, and culturally sensitive manner; understanding the content and format of activity options in the training manual; and identifying ways to use skill-building activities with groups of adults age 17 and older.

Prevention Skills
April 19 & 20 in Lawrence
September 27 & 28 in Salina
December 13 & 14 in Wichita

STD Statistics for Kansas: July - December, 1999

Chlamydia trachomatis continued to be the most frequently reported STD in the state, with 94 of 105 counties reporting at least one case by the end of 1999. Chlamydia is the leading cause of pelvic inflammatory disease, infertility and ectopic pregnancy. During the last six months of 1999 2,988 cases of chlamydia were reported during the last six months of 1999. This figure represents an eight percent (8%) increase compared to the same time period of 1998. The total number of chlamydia infections reported for the entire year 1999 were 6,093.

The reported cases continued to be higher in Whites with 50% of the cases during the last half of 1999, followed by African-Americans (34%), Hispanics (12%), and Native Americans, Asian/Pacific Islanders, and those whose race is unknown/not provided each with less than 1% of the total cases.* Females accounted for 83% of the reported infections; however, this figure is skewed due to the focused screening efforts for women. Males accounted for 17% of reported infections of chlamydia during the last half of 1999. Chlamydia infections disproportionately affect females in their childbearing years. Forty percent (40%) of all reported cases occurred in the 15-19 age group, closely followed by the 20-24 age group which accounted for 39%. Combined, the 15-24 age group accounted for 79% of all reported cases during the last half of 1999; this may also reflect screening sites.

The number of reported gonorrhea cases are increasing. There were 1,395 cases reported which is a 3% decrease when compared to the same period last year. However, 2,665 total cases of gonorrhea were reported during the calendar year 1999, representing a 4% increase as compared to the entire year 1998. Like chlamydia and other non-ulcerative STDs, studies have shown that gonorrhea can increase the risk of HIV transmission at least two to five fold. This is important as non-ulcerative infections are far more common in Kansas than genital ulcer diseases.

Members of the African-American population were disproportionately affected by gonorrhea during 1999. African-Americans accounted for 64% of all reported gonorrhea infections, followed by Whites (27%), Hispanics (7%), and Native Americans, Asian/Pacific Islanders, and those whose race is unknown/not provided each with less than 1% of the total cases.* Females accounted for 59% of the reported infections, while males accounted for 41% of reported infections. Urban areas continued to report the majority of gonorrhea infections, with Wyandotte and Sedgwick Counties accounting for 63% of the total number of gonorrhea infections reported. As with chlamydia, gonorrhea infections disproportionately affect females in their childbearing years. Thirty percent of all reported cases in the last half of 1999 occurred in the 15-19 age group, closely followed by the 20-24 age group which accounted for 39%. Combined, the 15-24 age group accounted for 69% of all reported cases during the last half of 1999.

Reported cases of early syphilis (less than one year's duration) have been declining since 1991. During the last six months of 1999, a total of 12 infections were reported, a 25% (4 case) decrease compared to the same time period in 1998. The total number of early syphilis infections reported for the calendar year 1999 was 33.

While accounting for a small proportion of cases among the many reportable STDs in Kansas, syphilis remains an important and enigmatic entity because of its potential for elimination as well as its role as a risk factor for HIV infection and transmission. Recent studies have shown that genital ulcer infections, such as syphilis, may increase the risk of HIV transmission 50-300 times.

During the last half of 1999, 4 cases of infectious (primary/secondary or P&S) syphilis were reported, for a total of 14 cases throughout 1999. Wichita continued to be the center of syphilis activity, recording 50% of all infectious cases. A total of 8 cases of early latent (EL) syphilis were reported in the second half of 1999, for a total of 19 cases. As with P&S syphilis, Wichita reported the majority of cases throughout the state.

Syphilis infection in Kansas during the last half of 1999 was evenly distributed throughout the age groups. Two cases of early syphilis were reported in the 15-19, 20-24, 30-34, and 40+ age groups. Three cases were reported in the 35-39 age group, and one case was reported in the 25-29 age group. The number of female to male infections has stabilized at a ratio of 1 to 1 for all cases of early syphilis. No cases of congenital syphilis were reported in 1999. Members of the African-American community were disproportionately impacted by early syphilis in the last half of 1999. African Americans accounted for 59% of early syphilis cases reported in the last half of 1999, followed by Whites at 25%, and Hispanics and Asian/Pacific Islanders at 8% each.

*Percentages do not add up to 100 due to rounding error.